



Complete Summary

TITLE

Major depression in adults in primary care: percentage of patients with diabetes with documentation of screening for depression.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 May. 94 p. [295 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients with diabetes with documentation in the medical record of screening for depression.

RATIONALE

The priority aim addressed by this measure is to increase the assessment for major depression of primary care patients presenting with any additional high-risk condition such as diabetes.

PRIMARY CLINICAL COMPONENT

Major depression; screening; diabetes

DENOMINATOR DESCRIPTION

Number of patients older than 18 years with a diagnosis of diabetes seen during the target quarter

NUMERATOR DESCRIPTION

Number of patients with documentation in the medical record of screening for depression (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Nurses
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age greater than 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

In a national survey from the World Health Organization of more than 9,000 adults age 18 and over, the prevalence of major depression was 6.7 percent.

EVIDENCE FOR INCIDENCE/PREVALENCE

Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry 2005 Jun;62(6):617-27. [PubMed](#)

ASSOCIATION WITH VULNERABLE POPULATIONS

- Women (including pregnant and postpartum women). The rate of perinatal depression in the general population has been 10% to 15%. A recent large scale study by Kaiser Permanente concluded that during the time period measured, defined as 39 weeks prior to becoming pregnant through 39 weeks after delivery, the authors found approximately one in seven women was identified with and treated for depression, and more than half of these women had recurring indicators for depression.
- Depression in the elderly is widespread, often undiagnosed and usually untreated. The rate of depression in adults older than 65 years of age ranges from 7% to 36% in medical outpatient clinics and increases to 40% in the hospitalized elderly.

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

Dietz PM, Williams SB, Callaghan WM, Bachman DJ, Whitlock EP, Hornbrook MC. Clinically identified maternal depression before, during, and after pregnancies ending in live births. Am J Psychiatry 2007 Oct;164(10):1515-20. [PubMed](#)

Gaynes BN, Gavin N, Meltzer-Brody S, Lohr KN, Swinson T, Gartlehner G, Brody S, Miller WC. Perinatal depression: prevalence, screening accuracy, and screening outcomes: summary. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2005 Feb. 8 p.(Evidence report/technology assessment; no. 119). [77 references]

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 May. 94 p. [295 references]

BURDEN OF ILLNESS

- Major depression is a treatable cause of pain, suffering, disability and death.
- The estimate of the lifetime prevalence of suicide in those ever hospitalized for suicidality is 8.6%. The lifetime risk is 4% for affective disorder patients hospitalized without specification of suicidality.
- Cardiovascular disease, diabetes and chronic pain are common comorbidities in patients with depression.
- Major depression is associated with an increased risk of developing coronary artery disease, and has also been shown to increase the risk of mortality in patients after myocardial infarction by as much as four-fold. Moderate to severe depression before coronary artery bypass graft (CABG) surgery and/or persistent depression after surgery increases the risk of death after CABG more than two-fold compared to non-depressed patients.
- Depression earlier in life increases the risk of developing diabetes by twofold.
- In a national survey from the World Health Organization (WHO), major depression was second only to back and neck pain for having the greatest effect on disability days, at 386.6 million U.S. days per year. In another WHO study of more than 240,000 people across 60 countries, depression was shown to produce the greatest decrease in quality of health compared to several other chronic diseases. Health scores worsened when depression was a comorbid condition, and the most disability combination was depression and diabetes.

EVIDENCE FOR BURDEN OF ILLNESS

Blumenthal JA, Lett HS, Babyak MA, White W, Smith PK, Mark DB, Jones R, Mathew JP, Newman MF, NORG Investigators. Depression as a risk factor for mortality after coronary artery bypass surgery. *Lancet* 2003 Aug 23;362(9384):604-9. [PubMed](#)

Bostwick JM, Pankratz VS. Affective disorders and suicide risk: a reexamination. *Am J Psychiatry* 2000 Dec;157(12):1925-32. [PubMed](#)

Frasure-Smith N, Lespérance F, Talajic M. Depression and 18-month prognosis after myocardial infarction. *Circulation* 1995 Feb 15;91(4):999-1005. [PubMed](#)

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); May 2008. 84 p. [244 references]

Katon W, von Korff M, Ciechanowski P, Russo J, Lin E, Simon G, Ludman E, Walker E, Bush T, Young B. Behavioral and clinical factors associated with depression among individuals with diabetes. *Diabetes Care* 2004 Apr;27(4):914-20. [PubMed](#)

Merikangas KR, Ames M, Cui L, Stang PE, Ustun TB, Von Korff M, Kessler RC. The impact of comorbidity of mental and physical conditions on role disability in the US adult household population. Arch Gen Psychiatry 2007 Oct;64(10):1180-8. [PubMed](#)

Moussavi S, Chatterji S, Verdes E, Tandon A, Patel V, Ustun B. Depression, chronic diseases, and decrements in health: results from the World Health Surveys. Lancet 2007 Sep 8;370(9590):851-8. [PubMed](#)

Rugulies R. Depression as a predictor for coronary heart disease: a review and meta-analysis. Am J Prev Med 2002 Jul;23(1):51-61. [163 references] [PubMed](#)

Schonfeld WH, Verboncoeur CJ, Fifer SK, Lipschutz RC, Lubeck DP, Buesching DP. The functioning and well-being of patients with unrecognized anxiety disorders and major depressive disorder. J Affect Disord 1997 Apr;43(2):105-19. [PubMed](#)

Wulsin LR, Singal BM. Do depressive symptoms increase the risk for the onset of coronary disease? A systematic quantitative review. Psychosom Med 2003 Mar-Apr;65(2):201-10. [53 references] [PubMed](#)

UTILIZATION

Unspecified

COSTS

In the United States, depression costs employers \$24 billion in lost productive work time.

EVIDENCE FOR COSTS

Stewart WF, Ricci JA, Chee E, Hahn SR, Morganstein D. Cost of lost productive work time among US workers with depression. JAMA 2003 Jun 18;289(23):3135-44. [PubMed](#)

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Adults older than 18 years with a diagnosis of diabetes

The medical group will develop a method to identify patients who meet the inclusion criteria for this measure. This screening should only be done in systems where appropriate treatment systems are in place, as screening alone has not been shown to be helpful. Claims, encounter data, scheduling information, or list of diagnosis codes from other automated sources may be used to produce the list. From this list, a random sample of a maximum of 20 patients with diabetes seen in the target quarter will be selected for review. A medical record review will be used to determine if the screening occurred at the time of the visit.

It is suggested that data are collected quarterly.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients older than 18 years with a diagnosis of diabetes seen during the target quarter

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients with documentation in the medical record of screening for depression*

*Number of patient records containing documented evidence of screening for depression at the time a diabetes visit was made using the key interview questions** recommended in the guideline (see below).

**Was there an interview for key symptoms of major depression?

The two-question screen:

Over the past month, have you been bothered by:

- Little interest or pleasure in doing things?
- Feeling down, depressed, or hopeless?

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of patients with diabetes with documentation of screening for depression.

MEASURE COLLECTION

[Major Depression in Adults in Primary Care Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

FUNDING SOURCE(S)

The following Minnesota health plans provide direct financial support: Blue Cross and Blue Shield of Minnesota, HealthPartners, Medica, Metropolitan Health Plan, PreferredOne and UCare Minnesota. In-kind support is provided by the Institute for Clinical Systems Improvement's (ICSI) members.

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Work Group Members: Mary Ellen Jaehne, LICSW (Work Group Leader) (Hamm Clinic) (Mental Health); Michael Trangle, MD (Work Group Leader) (HealthPartners/Medical Group and Regions Hospital) (Psychiatry); Craig Anderson, MD (SuperiorHealth Center) (Family Medicine); Barbara Bank, MD (Fairview Health Services) (Family Medicine); Joel Haugen, MD (Dakota Clinic) (Family Medicine); Jay Mitchell, MD (Mayo Clinic) (Family Medicine); David Rossmiller, MD (Family HealthServices Minnesota) (Family Medicine); Bob Haight, PharmD, BCPP (Fairview Health Services) (Pharmacy); Cedric Skillon, MD (Park Nicollet Health Services) (Psychiatry); Jeffrey Boyd, PhD (Hennepin County Medical Center) (Psychology); Deb Rich, PhD (Fairview Health Services) (Psychology); Heidi Novak, WHNP (North Point Health & Wellness Center)

(Women's Health OB/GYN); Pam Pietruszewski, MA (Institute for Clinical Systems Improvement) (Facilitator); Lynette Wheelock, RN, MS (Institute for Clinical Systems Improvement) (Facilitator)

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

ICSI has adopted a policy of transparency, disclosing potential conflict and competing interests of all individuals who participate in the development, revision and approval of ICSI documents (guidelines, order sets and protocols). This applies to all work groups (guidelines, order sets and protocols) and committees (Committee on Evidence-Based Practice, Cardiovascular Steering Committee, Women's Health Steering Committee, Preventive & Health Maintenance Steering Committee, Respiratory Steering Committee and the Patient Safety & Reliability Steering Committee).

Participants must disclose any potential conflict and competing interests they or their dependents (spouse, dependent children, or others claimed as dependents) may have with any organization with commercial, proprietary, or political interests relevant to the topics covered by ICSI documents. Such disclosures will be shared with all individuals who prepare, review and approve ICSI documents.

No work group members have potential conflicts of interest to disclose.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 May

REVISION DATE

2009 May

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); May 2008. 84 p.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 May. 94 p. [295 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of Patients with Diabetes with Documentation of Screening for Depression," is published in "Health Care Guideline: Major Depression in Adults in Primary Care." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

This NQMC summary was completed by ECRI on August 18, 2004. This NQMC summary was updated by ECRI Institute on July 11, 2006, August 13, 2007, June 30, 2008, and again on December 7, 2009.

COPYRIGHT STATEMENT

This NQMC summary (abstracted Institute for Clinical Systems Improvement [ICSI] Measure) is based on the original measure, which is subject to the measure developer's copyright restrictions.

The abstracted ICSI Measures contained in this Web site may be downloaded by any individual or organization. If the abstracted ICSI Measures are downloaded by an individual, the individual may not distribute copies to third parties.

If the abstracted ICSI Measures are downloaded by an organization, copies may be distributed to the organization's employees but may not be distributed outside of the organization without the prior written consent of the Institute for Clinical Systems Improvement, Inc.

All other copyright rights in the abstracted ICSI Measures are reserved by the Institute for Clinical Systems Improvement, Inc. The Institute for Clinical Systems Improvement, Inc. assumes no liability for any adaptations or revisions or modifications made to the abstracts of the ICSI Measures.

[Copyright/Permission Requests](#)

Date Modified: 1/4/2010



